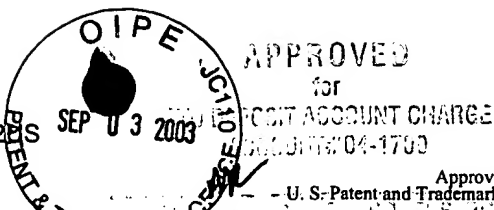


Express Mail No.: EV318424082  
Date Deposited: 09/03/2003



PTO/SB/06 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0032

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 09/865,948			
<b>CLAIMS AS FILED - PART I</b> (Column 1) (Column 2) (Column 3)					<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>			
FOR	NUMBER FILED	NUMBER EXTRA			RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))					\$ 0	OR	\$ 0	
TOTAL CLAIMS (37 CFR 1.16(c))	48	minus 20 =	*	0	x \$ 9 =	0	OR	x \$ 18 = 0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	8	minus 3 =	*	0	x 42 =	0	OR	x 84 = 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ 140 =	0	OR	+ 280 = 0
					TOTAL	0	OR	TOTAL 0
* If the difference in column 1 is less than zero, enter "0" in column 2								
<b>CLAIMS AS AMENDED - PART II</b> (Column 1) (Column 2) (Column 3)					<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	* 28	Minus	** 28	=	0	OR	x \$ 18 = 0
	Independent (37 CFR 1.16(b))	* 8	Minus	*** 8	=	0	OR	x 84 = 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0	OR
					TOTAL	0	OR	TOTAL 0
ADDIT. FEE								
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	0	OR	x \$ 18 = 0
	Independent (37 CFR 1.16(b))	*	Minus	***	=	0	OR	x 84 = 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0	OR
					TOTAL	0	OR	TOTAL 0
ADDIT. FEE								
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	0	OR	x \$ 18 = 0
	Independent (37 CFR 1.16(b))	*	Minus	***	=	0	OR	x 84 = 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 140 =	0	OR
					TOTAL	0	OR	TOTAL 0
ADDIT. FEE								

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SEND TO: Mail Stop Fee Amendment  
Commissioner For Patents, PO Box 1450  
Alexandria, VA 22313-1450